



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 4, 2008

Tamara McCann, Administrator
Rosetta Assisted Living-- Lomax
1970 East 17th Street #103
Idaho Falls, ID 83404

License #: RC-760

Dear Ms.. McCann:

On January 8, 2008, a Fire Life Safety Survey was conducted at Rosetta Assisted Living - Lomax. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 14, 2008

Tamara McCann, Administrator
Rosetta Assisted Living-- Lomax
1970 East 17th, Street #103
Idaho Falls, ID 83404

Dear Ms. McCann:

On January 8, 2008, a Fire Life Safety Survey was conducted at Rosetta Assisted Living -- Lomax. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 8, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R760	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - 757 LOMAX ST B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2008
NAME OF PROVIDER OR SUPPLIER ROSETTA ASSISTED LIVING - LOMAX		STREET ADDRESS, CITY, STATE, ZIP CODE 755+757 LOMAX ST IDAHO FALLS, ID 83401		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 8, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

YDF121

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name ROSETTA ASSISTED LIVING LOMAY II	Physical Address 757 LOMAY ST.	Phone Number 208 524 6320
Administrator TAMARA MCCANN	City IDAHO FALLS ID	ZIP Code 83401
Survey Team Leader TAYLOR BARKLEY	Survey Type	Survey Date 1-10-8

[illegible]

Response Required Date	Signature of Facility Representative	Date Signed
2-8-8	Jamara McCann	2-8-08